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FACSIMILE COVER SHEET

Deliver to: Mohamedulla, S., USPTO

Art Group: 1756

Facsimile No.: 703/872/9306

Date: July 14, 2005

From: Brent E. Vecchia, Reg. No. 48,011

Our Docket No.: 42390P11370

Number of pages 11 including this sheet.

Application No.: 09/965,280

Filing Date: 9/26/2001

Enclosed are the following documents:

Docket Due Date(s): _____

Appeal Brief (____ pgs)

Amendment: Preliminary (7 pgs)

Appeal Brief (pgs)

Application: _____
(pgs) w/cover & abstract)

Assignment & Cover Sheet (pgs)

Certificate of Facsimile _____

Continued Prosecution Application (CPA)

Declaration & POA (pgs)

Drawings: sheets, figures

Extension of Time: _____

Fee Transmittal (in duplicate)

IDS & PTO/SB/08 (pgs)

Other _____

Issue Fee Transmittal

Notice of Appeal

Petition for: _____

Request for Continued Examination (RCE)

Reply Brief (pgs)

Request & Certification Under 35 USC 122(b)(2)(B)(i)

Request to Rescind Previous Nonpublication Request

Response to Notice of Missing Parts & Formalities Letter

Response to Written Opinion (pgs)

Terminal Disclaimer

Transmittal of Publication Fee Due

Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

Krista Mathieson 7/14/2005
Krista Mathieson Date

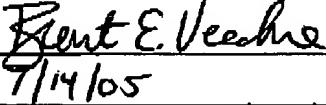
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	09/965,280
		Filing Date	September 26, 2001
		First Named Inventor	TAKESHI OHFUJI
		Art Unit	1756
		Examiner Name	Mohamedulla, S.
Total Number of Pages in This Submission	10	Attorney Docket Number	42390P11370

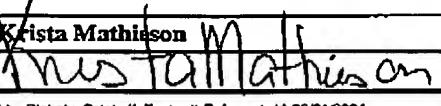
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; width: 150px; height: 40px; margin-top: 10px;"> - Certificate of Facsimile </div>
		Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Brent E. Vecchia, Reg. No. 48,011 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP	
Signature		
Date	7/14/05	

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Signature	
Date	7/14/05

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number	09/965,280
Filing Date	September 26, 2001
First Named Inventor	TAKESHI OHFUJI
Examiner Name	Mohamedulla, S.
Art Unit	1756
Attorney Docket No.	42390P11370

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order None Other (please identify): Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s)	<input checked="" type="checkbox"/> Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims		Fee from below	Fee Paid
Total Claims	17	24 [*]	-	0 x 50.00	\$0.00
Independent Claims	2	4 [*]	-	0 x 200.00	\$0.00
Multiple Dependent					

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	300	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue Independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)		0.00

*or number previously paid, if greater. For Reissues, see below

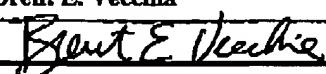
2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or cash	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,690	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2480	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	750	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		SUBTOTAL (2)		(\$)	

SUBMITTED BY

Complete if applicable

Name (Print/Type)	Brent E. Vecchia	Registration No. (Attorney/Agent)	48,011	Telephone	(303) 740-1980
Signature				Date	7/14/05

Based on FTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
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Our Docket No: 42P11370

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Takeshi Ohfuji et al.) Examiner: Mohamedulla, S.
Serial No: 09/965,280) Art Unit: 1756
Filed: September 26, 2001)
For: Post Exposure Modification)
Of Critical Dimensions In)
Mask Fabrication)

PRELIMINARY AMENDMENT

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to examining the above-identified patent application, please enter the following amendments, and consider the following remarks.

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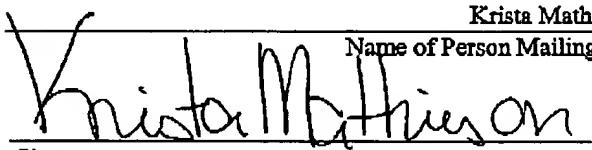
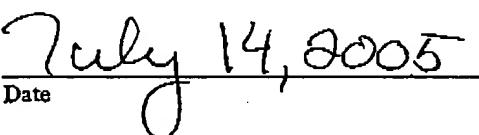
July 14, 2005

Date of Deposit

Krista Mathieson

Name of Person Mailing Correspondence

Signature

Date